

Peer Review Comments

Lorie Acker
9/5/85

Janet Tire
PA - 1007

① Pg. 2-2

Fiber McGee? Is this for real?

② Pg 3-3

Is the pop. of both towns combined 11,000? On the SI Form Part 5 it is stated that Janet Tire is located in a small town of 11,000 people. Is this just Mill Hall?

③ SI Form Part 5 - Pop. w/in vicinity of site Central Penn. - no comma is needed

④ SI Form Part 5 - Net Precip.

48" appears to be the total precip, not the net precip.

⑤ SI Form Part 5 - Distance to Prime Ag Land.

Do you mean 73 miles? I think this is a typo. error.

ORIGINAL
(Red)

Mr. Harold Byer
U.S. Environmental Protection Agency
September 18, 1985 - Page 2
Janet Tire Peer Review Comments

- o The last statement in section 3.4, Groundwater, has been deleted.

If you have any further questions, please contact me.

Respectfully submitted,

Reviewed by,

Approved by,

William Wentworth for
Arthur Weber
Engineering Technician

William Wentworth
William Wentworth
Asst. Manager

Garth Glenn
Garth Glenn
Manager, FIT III

AW/skt



992 OLD EAGLE SCHOOL ROAD
SUITE 916
WAYNE, PENNSYLVANIA 19087
(215) 687-9510

ORIGINAL
(Red)

August 16, 1985
T-585-8-5-51
68-01-6699

Mr. Harold Byer
U.S. Environmental Protection Agency
841 Chestnut Building
Ninth and Chestnut Streets
Philadelphia, PA 19106

Dear Mr. Byer:

Attached please find four (4) copies of the draft site inspection report for Janet Tire, prepared under TDD No. 8405-02.

Please endorse below confirming that you have received the attached subject data and return the form to the above address.

Sincerely,

A handwritten signature in cursive script that reads "Garth Glenn/nmd".

Garth Glenn
Manager, FIT III

GG/nmd

Attachments

Signature: _____

A handwritten signature in cursive script that reads "Harold G Byer". Below the signature, the name "Harold Byer" is printed in a standard font.

Date _____

A handwritten date "8/16/85" written in cursive script.



992 OLD EAGLE SCHOOL ROAD, SUITE 916
WAYNE, PENNSYLVANIA 19087
215-687-9510

ORIGINAL
(P)

May 28, 1985
T-585-5-5-100
68-01-6699

Mr. Harold Byer
U.S. Environmental Protection Agency
841 Chestnut Building
Ninth and Chestnut Streets
Philadelphia, PA 19106

Dear Mr. Byer:

Attached please find the following Sample Data Summaries and Sample Location Maps for:

F3-8405-02	Janet Tire
F3-8405-01	Camelot Estates
F3-8404-18	Ames Plaza

Please endorse below confirming that you have received the attached subject data and return the form to the above address.

Sincerely,

A handwritten signature in cursive script that reads "Garth Glenn/nmd".

Garth Glenn
Manager, FIT III

GG/nmd

Attachments

Signature: _____

Harold Byer

Date: _____

5/29



992 OLD EAGLE SCHOOL ROAD
SUITE 916
WAYNE, PENNSYLVANIA 19087
(215) 687-9510

ORIGINAL
(P-1)

May 2, 1984
C-585-5-4-03
68-01-6699

Mr. Harold Byer
U.S. Environmental Protection Agency
Sixth and Walnut Streets
Philadelphia, PA 19106

Subject: Sampling Plan
TDD No. F3-8305-02
EPA No. PA 1007
Janet Tire
Lock Haven, PA

Dear Mr. Byer:

The site inspection for the above subject site is scheduled for Wednesday May 9, 1984. Access to Janet Tire has been granted by the site owner Mr. Robert Janet through EPA. A representative from PA DER will accompany FIT III during the inspection.

Concern at the site is based on a citizen's complaint of a dump on the property. The site was originally, a low lying area with poor drainage. Fill material and waste (types unknown) were selectively deposited during the early 1970's, so that a pump station, power transformer, and a tire business could be constructed.

Based on a review of available data the following sample locations are proposed:

- o Drainage swales (if they exists) aqueous and sediment. If dry, then only one sediment will be taken. One to two sampling points.
- o Drainage ditch running parallel to Pennsylvania Railroad tracks may discharge into the Bald Eagle Creek. If water is present in sufficient quantities aqueous and sediment samples will be taken. If dry, then only soil/sediment samples will be taken.
- o Additional sample locations may be selected according to field judgement.

In summary the number of aqueous and soil/sediment samples including a blank and a duplicate will be 4-8. Analysis will consist of the standard organic test and inorganic tasks 1, 2, and 3 for cyanide.

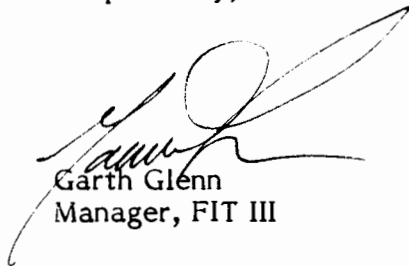
027/0341
(P-3)

Mr. Harold Byer
U.S. Environmental Protection Agency
May 2, 1984 - Page 2
Janet Tire

Mr. Arthur Weber has been appointed Team Leader and will be responsible for the sampling plan.

Please endorse below and return with your approval or amendments to this plan. If you have any questions, please feel free to contact either Tom Fromm or myself.

Respectfully,



Garth Glenn
Manager, FIT III

AW/GG/hk

Approved by: _____

Date: _____

Amendments: _____



992 OLD EAGLE SCHOOL ROAD, SUITE 916
WAYNE, PENNSYLVANIA 19087
215-687-9510

ORIGINAL
FILED

May 04, 1984
T-585-05-4-22
68-01-6699

Mr. Harold Byer
U.S. Environmental Protection Agency
Curtis Building
Sixth and Walnut Streets
Philadelphia, PA 19106

Dear Mr. Byer:

Attached herewith please find the following Sampling Plans:

Janet Tire F3-8405-02

Please endorse below confirming that you have received the attached subject data and return the form to the above address.

Sincerely,

A handwritten signature in cursive script, appearing to read "Garth Glenn".

Garth Glenn
Manager, FIT III

GG/nf
Attachments

Signature: Harold G Byer
Harold Byer

Date: 5/4/84

ORIGINAL
(Red)Emergency Information:

Local Resources:

	717-748-2936
	717-748-6764
Ambulance (Name): _____	Phone _____
Hospital (Name): Lock Haven	Phone 717-893-5000
Police (Local or State): _____	Phone 717-748-2932
Fire Department (Name & Volunteer?): _____	Phone 717-748-6764
Radio Channel: _____	717-748-2930
Nearest Phone: _____	(if no answer)

Office Resources:

Region III FIT Office..... (215) 687-9510
 EPA DPO Harold Byer..... (215) 597-1268
 Office Manager - Garth Glenn (home)..... (215) 947-5806
 Asst. Office Manager - Rich Cromer (home)..... (215) 436-9135
 Safety - Marcia Irwin (home)..... (215) 692-8299
 Zone, Tom Centi (office)..... (703) 522-8802

Emergency Contacts: (Medical and Health)

- o Dr. David K. Parkinson (NUS Consulting Physician - University of Pittsburgh)

Office..... (412) 624-0127

Please follow procedures as outlined on the following page.

- o Al Cywin (NUS Zone Health and Safety Manager)

Office..... (703) 522-8802
 Home..... (703) 768-8615

- o Regional Health Maintenance Program
 (Thomas Jefferson Hospital)

Evelyn Abramson..... (215) 928-6918

- o Poison Information Center..... (215) 922-5523

- o National Response Center..... (800) 424-8802
 (FOR ENVIRONMENTAL EMERGENCY ONLY)

Directions to Hospital (Attach Map): From site take 220 north thru Flemington into
 Lock Haven to Bellfonte Ave. Continue about 10 blocks to Irwin St. Blvd. at
 the sign for the hospital, make a right go 4 blocks to CoCe Drive (sign for hospital)
 Make a left into the hospital.



University of Pittsburgh

SCHOOL OF MEDICINE
Department of Medicine
Program in Occupational Medicine

Emergency Physician Access Plan

NUS Corporation, Superfund Division

December, 1983

A. MONDAY THROUGH FRIDAY, 9:00 A.M. - 5:00 P.M.

Dial the (412) 624-0127 number. When answered state that:

- (1) you are calling from NUS Corporation;
- (2) this is an emergency call.

Program staff will be alerted how to contact the physician designated to provide emergency coverage on that day. Collect calls will be accepted.

B. EVENINGS, WEEK-ENDS & HOLIDAYS:

Dial the (412) 624-0127 number. An operator from the answering service will answer the telephone. Do the following:

- (1) tell the operator that you are calling from NUS Corporation
- (2) tell the operator that this is an emergency call
- (3) give her your name
- (4) give her the telephone number where the physician is to call. Be certain that she has written the correct number (area code and seven digits)
- (5) if you do not receive a call back within 15 minutes place a second call to (412) 624-0127

Collect calls will be accepted.

C. SITUATIONS WHERE EMPLOYEE REQUIRES IMMEDIATE TRANSPORT TO A HOSPITAL:

If the situation is life-threatening, i.e., cardiac arrest or person not breathing call the emergency medical services system and transport the person to the nearest hospital with advanced life support capabilities.

After obtaining assistance as stated above, call the (412) 624-0127 number and follow the procedures in A or B as appropriate.

Site Name: Janet Tire

SAFETY PLAN

Site Name: Janet Tire

Contact: Bob Janet

Address: 136 Hogan Blvd
Lock Haven, PA

Phone Number: 717-748-6081

Other Contacts: _____

Purpose of Site Visit: PA XX SI Other (Specify) _____

Proposed Date of Work: May 8, 1984

Proposed Site Investigation Team:

NUS Personnel:

Responsibilities:

Art Weber

SITL

Ed Reardon

SO/ASITL

Andy Frebowitz

SAMP

Chris Dietz

SAMP

Jim Strickland

SAMP

Other:

Purpose:

George Polasky

(PA DER) Accompany FIT III to site

Plan Preparation:

Prepared by: Art Weber (5/1/84)

Reviewed by: Marcia Lynn Brown (5/3/84)
Regional Health Safety Coordinator

Approvals:

Regional Manager: [Signature]

Background Information:

Site Status: Active X Inactive Unknown

Site Description (be specific): Site is 4 acres in size. Structures located on the site include a power transformer, tire store and pump station.

Site History: Site was at one time a low lying swamp area. During the early 1970's fill
was used to raise the ground elevation and to make this property suitable to build on.

Waste Types: ☐ Liquid ☐ Solid ☐ Sludge ☐ Gas

Characteristics: ☐ Corrosive ☐ Ignitable ☐ Radioactive

☐ Volatile ☐ Toxic ☐ Reactive

☒ Unknown ☐ _____

 Other: _____

Hazard Evaluation:

Known or Suspected Hazardous/Toxic Materials: Unknown

Toxic and Pharmacologic Effects: Unknown

Reactivity, Stability, Flammability: Unknown

Overall Hazard: Serious Moderate
 X Low Unknown

Proposed On-site Activities: Surface water and soil sampling (Augering)

Perimeter Establishment:

Map/Sketch attached? X

Perimeter identified? X

Zone(s) of contamination identified? _____

Recommended Level(s) of Protection:

o Respiratory: Level D

Modifications: If HNU readings greater than 5ppm upgrade to level B

o Field Dress: Coveralls, Butyl rubber boots

Safety boots, Surgeons

Modifications: _____

Monitoring Procedures:

Site Monitoring Equipment:

X HNU

OVA

Photovac

Drager Tube & Pump

Victoreen Radiation Detector

Other: _____

X TLD Badge

X Radiation mini-alert

Explosimeter

— O₂ meter

Methods for Surveillance: HNU scan during recon continuous
monitoring with mini-alert.

Special Procedures: N/A

original
(2-9)Decontamination and Disposal:

Decontamination Procedure: (X) level to be utilized

- ____ Level A - Segregated equipment drop, boot cover and glove wash, boot cover and glove rinse, tape removal, boot cover removal, outer glove removal, suit and hard hat removal, SCBA backpack removal, inner glove wash, inner glove removal, inner clothing removal, field wash, redress.
- ____ Level B - Segregated equipment drop, boot cover and glove wash, boot cover and glove rinse, tape removal, boot cover removal, outer glove removal, suit/safety removal) SCBA backpack removal, inner glove wash, inner glove rinse, facepiece removal, inner glove removal, inner clothing removal, field wash, redress.
- ____ Level C - Segregated equipment drop, boot cover and glove wash, boot cover and glove rinse, tape removal, boot cover removal, outer glove removal, suit/safety boot wash, suit/safety boot rinse (Canister or Mask Change), safety boot removal, splash suit removal, inner glove wash, inner glove rinse, facepiece removal, inner glove removal, inner clothing removal, field wash, redress.
- X Level D - Segregated equipment drop, boot and glove wash, boot and glove rinse.

X Modifications (specify): Upgrade if necessary

Disposal Procedure for Investigation Derived Materials: _____

Emergency Procedures for Overt Personnel Exposure:

- o Skin Contact: Wash immediately
- o Inhalation: Fresh air, artificial respiration if necessary, transport to hospital.

Ionizing Radiation:

Normal background 0.01 to 0.02 mR/hr

If less than 2 mR/hr, continue investigation with caution.

If greater than 2 mR/hr, evacuate site.

* Note: Background 10-20 CPM on mini-alert

Emergency Information:

Local Resources:

Ambulance (Name):	Phone	717-748-2936
Hospital (Name): <u>Lock Haven</u>	Phone	717-748-6764
Police (Local or State):	Phone	717-893-5000
Fire Department (Name & Volunteer?):	Phone	717-748-2932
Radio Channel:	Phone	717-748-6764
Nearest Phone:		717-748-2930
		(if no answer)

Office Resources:

Region III FIT Office.....	(215) 687-9510
EPA DPO Harold Byer.....	(215) 597-1268
Office Manger - Garth Glenn (home).....	(215) 947-5806
Asst. Office Manager - Rich Cromer (home).....	(215) 436-9135
Safety - Marcia Irwin (home).....	(215) 692-8299
Zone, Tom Centi (office).....	(703) 522-8802

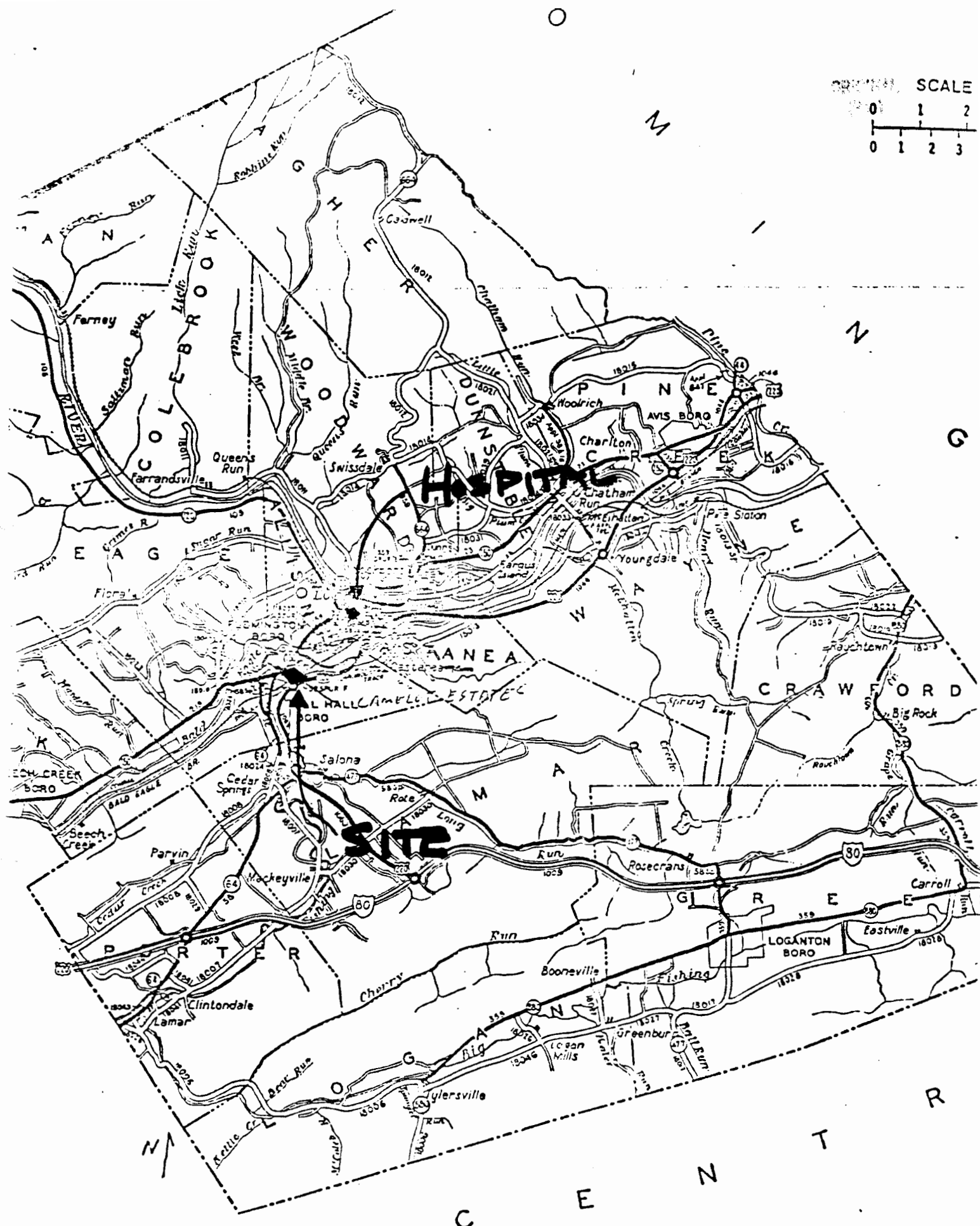
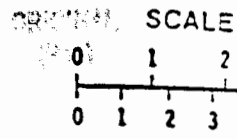
Emergency Contacts: (Medical and Health)

- o Dr. David K. Parkinson (NUS Consulting Physician - University of Pittsburgh)
 - Office..... (412) 624-0127

Please follow procedures as outlined on the following page.

- o Al Cywin (NUS Zone Health and Safety Manager)
 - Office..... (703) 522-8802
 - Home..... (703) 768-8615
- o Regional Health Maintenance Program
(Thomas Jefferson Hospital)
 - Evelyn Abramson..... (215) 928-6918
- o Poison Information Center..... (215) 922-5523
- o National Response Center..... (800) 424-8802
(FOR ENVIRONMENTAL EMERGENCY ONLY)

Directions to Hospital (Attach Map): From site take 220 north thru Flemington into
Lock Haven to Bellfonte Ave. Continue about 10 blocks to Irwin St. Blvd. at
the sign for the hospital, make a right go 4 blocks to CoCe Drive (sign for hospital)
Make a left into the hospital.



CAMELOT ESTATES
PA 998

TRAFFIC AND LEGISLA

SITE SAFETY FOLLOW UP REPORT

Actual Date of Work: 5/8/84

Actual Site Investigation Team:

NUS Personnel:

A. Weber
E. Reardon
C. Dietz
J. Strickland
A. Frebowitz

Other:

Jim Young
George Polansky
Frank Bertovich
Gordon Harvey
Jim Greene

Responsibilities:

SITL
SO ASITL
Sampler
Sampler
Sampler

Purpose:

PA DER Accompany FIT III
"
"
"
"

PERSONAL PROTECTIVE EQUIPMENT

a. Level of Respiratory Protection Used

Activity Performed

Level D

Sampling

b. Field Dress

Activity

Coveralls, safety boots,

TLD Badge

Sampling

MONITORING EQUIPMENT

a. HNU

- o Background reading 2 ppm
- o Readings above background N/A
- o Location of high readings _____

b. Radiation

- o Readings above background? Yes X No
- o If yes, specify where readings were found and what action was taken.

GENERAL SAFETY

a. Were any safety problems encountered while on site?

Explain: None

Accident Report Information

- | | Yes | No |
|---|-------------------|--------------|
| a. Did any team member report: | | |
| o Chemical Exposure | <u> </u> | <u> X </u> |
| o Illness, discomfort, or unusual symptoms | <u> </u> | <u> X </u> |
| o Environmental Problems (heat, cold, etc.) | <u> </u> | <u> X </u> |

b. Explain:

- c. Was an Employee Exposure/Injury Incident Report completed? Yes X No

Safety Plan Evaluation

- a. Was the Safety Plan Adequate? X Yes No

b. What changes would you recommend?

Prepared by: A. Weber

Reviewed by: *Marzalya Train*

Team Leader: _____

Approved by: _____



332 OLD EAGLE SCHOOL ROAD
SUITE 916
WAYNE, PENNSYLVANIA 19087
(215) 687-9510

On MAY 8, 1984, NUS Corp. representative ARTHUR L. WORTER
received permission from BOB JANET (site owner/operator),
to remove the following materials from his/her property in the following
containers: TWO (2) 1/2 gallon amber containers, TWO (2)
40 ml VOA containers, TWO (2) one quart polyethylene
containers, and TWO (2) eight-ounce glass jars.

Arthur L. Worter
NUS Corp. Representative

5/8/84
Date

Bob Janet
Site owner/operator Representative

Date

JANET TIRE
Site Name

F3 8405-02
TDD Number



CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME		ORIGINAL (Red)		NO. OF CONTAINERS	<div style="display: flex; justify-content: space-between;"> <div> 1/2 GAL 4MB 40 L VOA 8 OZ JAR 1 L POLY SPILL </div> <div>REMARKS</div> </div>									
SAMPLERS: (Signature)																
STA. NO.	DATE	TIME	COMP.													
C8469	5/2/81	1115		X	WET AREA (A ₁)	4	2	2							MC 1897	3-39551-53
C8470		1115		X	WET AREA (S ₁)	1			1						MC 1898	56
C8471		1120		X	BLANK (A ₁)	4	2	2							MC 1899	58-60
C8472		1120		X	BLANK (S ₁)	1			1						MC 1900	62
C8473		1140		X	RACK GRN	1			1						MC 3225	65
MC 1897		1115		X	WET AREA (A ₁)	2				2					C8469	3-39554-55
MC 1898		1115		X	WET AREA (S ₁)	1			1						C8470	57
MC 1899		1120		X	BLANK (A ₁)	2				2					C8471	61, 62
MC 1900		1120		X	BLANK (S ₁)	1			1						C8472	64
MC 3225		1140		X	RACK GRN	1			1						C8473	66
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)						
<i>[Signature]</i>		1600														
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)						
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Remarks								
								SHIPPED AIRBILL #170 190 602								

Distribution: Original Accompanies Shipment; to Coordinator Field Files

3-12973



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

Sample Number

MC 1897

INORGANICS TRAFFIC REPORT

① Case Number: 2737
Sample Site Name/Code:

JAVET TIRS
FB 8405 02
WEST AR A

② SAMPLE CONCENTRATION
(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX
(Check One)

☒ Water
☐ Soil/Sediment

④ Ship To:
HEAD COMPO/CHU

Attn: _____

Transfer
Ship To: _____

⑤ Sampling Office: 3

Sampling Personnel:

(Name): A. WEBER(Phone): (215) 687-9510

Sampling Date:

(Begin) 5/2/84 (End) 7

⑥ Shipping Information:

Name Of Carrier:

FED EXPDate Shipped: 5/2/84Airbill Number: 170 190 602

⑦ Sample Description:
(Check One)

☒ Surface Water
☐ Ground Water
☐ Leachate
☐ Mixed Media
☐ Solids
☐ Other _____
(specify)

MATCHES ORGANIC SAMPLE NO. 28469

⑧ Mark Volume Level
On Sample Bottle

Check Analysis required

☒ Task 1 & 2
☒ Task 3 Ammonia

Sulfide
Cyanide FULL TEST

REGIONAL OFFICE FILE COPY

GENERAL DIRECTIONS

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Inorganic Traffic Reports (ITR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the ITR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of ITR's to the HWI Sample Management Office at (703) 557-2490.

SAMPLER DIRECTIONS

1. Note that a separate prenumbered Inorganics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-8). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Inorganics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Sampling Coordinator.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. Fill in shipping information requested in Item 6. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
5. Send the first page of each ITR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

Sample Number
MC 1898**INORGANICS TRAFFIC REPORT**

① Case Number: 2737
Sample Site Name/Code:
JALGT TIRE
F3 040502
WET AL SED

② **SAMPLE CONCENTRATION**

(Check One)
☒ Low Concentration
☐ Medium Concentration

③ **SAMPLE MATRIX**

(Check One)
☐ Water
☒ Soil/Sediment

④ Ship To:
HEAD CAMP/CHM

Attn: _____

Transfer
Ship To:

⑤ Sampling Office: 3
Sampling Personnel:
(Name) A. WESSEL
(Phone) (215) 687 9510
Sampling Date:
(Begin) 5/2/02 (End) 5/2/02

⑥ **Shipping Information:**

Name Of Carrier:

FED EXPDate Shipped: 5/8/02Airbill Number: 170190602⑦ **Sample Description:**

(Check One)

☐ Surface Water
☐ Ground Water
☐ Leachate
☐ Mixed Media
☒ Solids
☐ Other _____

(specify)

MATCHES ORGANIC SAMPLE NO. 62770⑧ **Mark Volume Level
On Sample Bottle**

Check Analysis required

☒ Task 1 & 2
☒ Task 3 Ammonia
Sulfide
Cyanide

ORIGINAL
(Red)

REGIONAL OFFICE FILE COPY

GENERAL DIRECTIONS

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
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3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. Fill in shipping information requested in Item 6. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
5. Send the first page of each ITR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

INORGANICS TRAFFIC REPORT

Sample Number

MC 1899

① Case Number: 2737
Sample Site Name/Code:

JANET TIRE
F3 8408 02
BLACK Ag

② SAMPLE CONCENTRATION

(Check One)
☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX
(Check One)

☒ Water
☐ Soil/Sediment

④ Ship To:

MCAN COMP

Attn: _____

Transfer
Ship To: _____

⑤ Sampling Office: 3

Sampling Personnel:

(Name) A. UEBER

(Phone) (215) 687 9510

Sampling Date:

(Begin) 5/4/84 (End) →

⑥ Shipping Information:

Name Of Carrier:

FED EXP

Date Shipped: 5/8/84

Airbill Number: 176 190 602

⑦ Sample Description:

(Check One)

☐ Surface Water

☐ Ground Water

☐ Leachate

☐ Mixed Media

☐ Solids

☒ Other BLANK

(specify)

MATCHES ORGANIC SAMPLE NO. 8471

⑧ Mark Volume Level

On Sample Bottle

Check Analysis required

☒ Task 1 & 2

☒ Task 3 Ammonia

Sulfide

Cyanide FULL TEST

ORIGINAL
(Red)

REGIONAL OFFICE FILE COPY

GENERAL DIRECTIONS

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Inorganic Traffic Reports (ITR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the ITR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of ITR's to the HWI Sample Management Office at (703) 557-2490.

SAMPLER DIRECTIONS

1. Note that a separate prenumbered Inorganics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-8). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Inorganics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Sampling Coordinator.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. Fill in shipping information requested in Item 6. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
5. Send the first page of each ITR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

Sample Number

MC 1900

INORGANICS TRAFFIC REPORT

① Case Number: 2737
Sample Site Name/Code:

DALEY TIREFORM 65 02BLANK SCH

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☐ Water
☒ Soil/Sediment

④ Ship To:

HEAD CAMP/Cutout

Attn: _____

Transfer
Ship To: _____

⑤ Sampling Office: 3

Sampling Personnel:

(Name) A. WEBER(Phone) (215) 697-9500

Sampling Date:

(Begin) 5/2/84 (End) →

⑥ Shipping Information:

Name Of Carrier:

FED EXPDate Shipped: 5/2/84Airbill Number: 170 190 602

⑦ Sample Description:

(Check One)

☐ Surface Water
☐ Ground Water
☐ Leachate
☐ Mixed Media

☒ Solids
☒ Other BLANK
(specify)

MATCHES ORGANIC SAMPLE NO. 72

⑧ Mark Volume Level
On Sample Bottle

Check Analysis required

☒ Task 1 & 2
☒ Task 3 Ammonia
Sulfide
Cyanide

FULL TESTORIGINAL
(Red)

REGIONAL OFFICE FILE COPY

GENERAL DIRECTIONS

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
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SAMPLER DIRECTIONS

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3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
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U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office

1000 West 10th Street, Arlington, VA 22204-1197

INORGANICS TRAFFIC REPORT

Sample Number

MC 3225**① Case Number:** 2737
Sample Site Name/Code:JUST TIRE
2405-07
PALEKEND**② SAMPLE CONCENTRATION**(Check One)
☒ Low Concentration
☐ Medium Concentration**③ SAMPLE MATRIX**
(Check One)☐ Water
☒ Soil/Sediment**④ Ship To:**04540 0042 600**Attn:** _____**Transfer
Ship To:****⑤ Sampling Office:** _____

Sampling Personnel:

(Name) PHILIP(Phone) 810 874 600

Sampling Date:

(Begin) 5/8/84 (End) _____**⑥ Shipping Information:**

Name Of Carrier:

FED EXDate Shipped: 5/8/84Airbill Number: 170 190 603**⑦ Sample Description:**
(Check One)☐ Surface Water
☐ Ground Water
☐ Leachate
☐ Mixed Media
☒ Solids
☐ Other _____

(specify)

MATCHES ORGANIC SAMPLE NO. _____

**⑧ Mark Volume Level
On Sample Bottle**

Check Analysis required

☒ Task 1 & 2
☐ Task 3 Ammonia
Sulfide
Cyanide**ORIGINAL
(Red)**

REGIONAL OFFICE FILE COPY

GENERAL DIRECTIONS

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2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
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SAMPLER DIRECTIONS

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6. Insert the remaining two copies (white and yellow) of the ITR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.

5020P1051

1. In tendering the shipment for carriage the shipper agrees to these **TERMS AND CONDITIONS OF CONTRACT** which no agent or employee of the parties may alter and that this Federal Express bill is **NON-NEGOTIABLE** and has been prepared by him or on his behalf by Federal Express.

2. The shipper agrees that carriage is subject to terms and conditions of contract stated herein and those terms and conditions which are also stated in the most recent Federal Express Service Guide, which is available for inspection and incorporated into this contract by reference.

3. In tendering the shipment for carriage, **THE SHIPPER WARRANTS** that the shipment is packaged adequately to protect the enclosed goods and to insure safe transportation with ordinary care and handling, and that each package is appropriately labeled and is in good order (except as noted) for carriage as specified.

4. When the destination of the shipment is not within the Federal Express air terminal zone as listed in the most recent Federal Express Service Guide, Federal Express makes no commitment with respect to time of delivery of the shipment.

5. In the event of international carriage of any shipment hereunder, the rules relating to liability established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air signed at Warsaw, Poland on October 12, 1929 shall apply to the carriage insofar as the same is governed thereby.

6. **DECLARED VALUE AND LIMITATION OF LIABILITY. THE LIABILITY OF FEDERAL EXPRESS IS LIMITED TO THE SUM OF \$100.00** unless a higher value is declared for carriage herein and a greater charge paid at the rate of 30¢ per \$100.00 value. The maximum higher declared value is \$5000.00. Shipments containing items of extraordinary value, including, but not limited to, drawings, paintings, sculptures, porcelain, ceramics, furs, fur clothing, fur trimmed clothing, jewelry, watches, gems, stones (precious or semi-precious, cut or uncut), industrial diamonds, costume jewelry, precious metals, gold, silver, bullion, dust or precipitates), platinum (except as an integral part of electronic machinery), money, currency, coins, trading stamps, stocks, bonds, cash letters (or their equivalent) or other extraordinary valuable items are limited to a maximum declared value of \$500.00. When multiple packages are placed on a single airbill but the shipper has not specified the declared value of each individual package, the declared value for each individual package will be determined by dividing the total declared value on the airbill by the number of packages indicated on the airbill, subject to a \$100.00 minimum declared value per individual package. The liability of Federal Express is limited to the declared value of the shipment or the amount of loss or damage actually sustained, whichever is lower.

Federal Express is not liable for loss, damage, delay, mis-delivery or non-delivery not caused by its own negligence or any loss, damage, delay, mis-delivery or non-delivery caused by the act, default or omission of the shipper, consignee, or any other party who claims interest in the shipment, the nature of the shipment or any defect characteristic of inherent vice thereof; violation by the shipper or consignee of any of the conditions of contract contained in this airbill or in the Federal Express Service Guide, including, but not limited to, improper or insufficient packing, securing, marking or addressing, or failure to observe any of the rules relating to shipments not acceptable for transportation or shipments acceptable only under

certain conditions; acts of God, perils of the air, perils of enemies, public authorities acting with actual or apparent authority, authority of law, acts or omissions of customs or quarantine officials, riots, strikes or other local disputes, civil commotions, hazards incident to a state of war, weather conditions or mechanical delay of the aircraft or acts or omissions of any person other than FEC, including compliance with delivery instructions from the shipper or consignee. FEC shall not be liable for the loss of articles loaded and sealed in packages by the shipper provided the seal is unbroken at the time of delivery and the package retains its basic integrity. **FEDERAL EXPRESS SHALL NOT BE LIABLE IN ANY EVENT FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO LOSS OF PROFITS OR INCOME WHETHER OR NOT FEDERAL EXPRESS HAD KNOWLEDGE THAT SUCH DAMAGES MIGHT BE INCURRED.**

7. **CLAIMS. WRITTEN NOTICE OF LOSS DUE TO DAMAGE, SHORTAGE OR DELAY MUST BE REPORTED BY THE SHIPPER WITHIN 15 DAYS AFTER THE DELIVERY OF THE SHIPMENT. WRITTEN NOTICE OF LOSS DUE TO NON-RECEIPT OF THE SHIPMENT OR CARRIAGE.** Written notification will be considered to have been made if the shipper calls and notifies the Customer Services Department at 800/238-5355 (in Tennessee 800/542-5171) and as soon as practicable thereafter files a written notification. Documentation of all claims other than overcharge claims must be submitted in writing to FEC within ninety (90) days after receipt of written notification. No claim for damage will be entertained until all transportation charges have been paid. The amount of a claim may not be deducted from the transportation charges. Receipt of the shipment by the consignee without written notification of damage on the delivery receipt shall be prima facie evidence that the shipment was delivered in good condition, except that in the case of claims for concealed damage which is not discovered at the time of delivery, the shipper shall notify FEC in writing as promptly as possible after the discovery thereof and in any event not later than 15 days from the date of delivery. The shipper must make the original shipping cartons and packing available for inspection by FEC. Claims for overcharges and refunds must be made in writing to FEC within twelve (12) months of the billing date. All claims must be filed by the shipper.

8. All shipments are subject to inspection by FEC, including but not limited to, opening the shipment. However, FEC is not obligated to perform such inspection.

9. C.O.D. services are not available and a C.O.D. shipment sent in error will be delivered as a normal pre-paid or collect shipment.

10. Federal Express carries no cargo liability insurance but maintains a separate fund for the satisfaction of cargo claims which may arise out of the carriage of cargo pursuant to the conditions of contract contained herein and in the most recent Federal Express Service Guide.

11. Notwithstanding the shipper's instructions to the contrary, the shipper shall be primarily liable for all costs and expenses related to the shipment of the package, and for costs incurred in either returning the shipment to the shipper or warehousing the shipment pending disposition.

12. Saturday Delivery: Recipient's phone number is required.

13. Federal Express assumes no responsibility for billing disputes resulting from inaccuracies contained in, or omissions from, the airbill.



ORGANICS TRAFFIC REPORT

① Case Number:

2737

Sample Site Name/Code:

LAKE TIRE

F3 8405-02

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water
☐ Soil/Sediment

④ Ship To:

MEAD COMPANY ORIGINAL (Red)
P.O. BOX 12652
3308 CHAPEL HILL / NELSON HWY
RESEARCH TRIANGLE PARK
NORTH CAR.
Attn:

Transfer

Ship To:

⑤ Regional Office: 3

Sampling Personnel:

A. WEBER

(Name)

(215) 687 9510

(Phone)

Sampling Date:

5/2/84 →

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)	2	1 gal
Water (VOA)	2	80 ml
Soil/Sediment		
Water (Ext/VOA)		
Other		

⑦ Shipping Information

FED EXP

Name of Carrier

5/2/84

Date Shipped:

170 190 602

Airbill Number:

⑧ Sample Description

☒ Surface Water ☐ Mixed Media
☐ Ground Water ☐ Solids
☐ Leachate ☐ Other (specify) _____

⑨ Sample Location

WET AREA (M)

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Investigation
Sample Management Office
P.O. Box 818
Alexandria, Virginia 22313
Phone: (703) 557-2490/FTS-8-557-2490

General Directions

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Organic Traffic Reports (OTR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the OTR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of OTR's to the HWI Sample Management Office at (703) 557-2490.

Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1-10). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Organics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Regional DPO.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
5. Fill in shipping information requested in Item 7. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
6. Send the first page of each OTR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
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U.S. ENVIRONMENTAL PROTECTION AGENCY HWI Sample Management Office
P.O. Box 818, Arlington, Virginia 22203-703 • 703 557 2490 • FTS 557 2490

Sample Number

C 8470

ORGANICS TRAFFIC REPORT

① Case Number:

2737

Sample Site Name/Code:

JADET TIRE

FB 8405-02

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☐ Water
☒ Soil/Sediment

④ Ship To:

HEAD CONTN/CHEM

ORIGINAL
(Red)

Attn:

Transfer

Ship To:

⑤ Regional Office: 3

Sampling Personnel:

A. WERBER

(Name)

(215) 687 9510

(Phone)

Sampling Date:

5/8/84

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)		
Water (VOA)		
Soil/Sediment	1	80Z
Water (Ext/VOA)		
Other		

⑦ Shipping Information

FED EXP

Name of Carrier

5/8/84

Date Shipped:

170 190 60Z

Airbill Number:

⑧ Sample Description

☐ Surface Water ☐ Mixed Media
☐ Ground Water ☒ Solids
☐ Leachate ☐ Other (specify) _____

⑨ Sample Location

WET AREA

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Investigation
Sample Management Office
P.O. Box 818
Alexandria, Virginia 22313
Phone: (703) 557-2490/FTS-8-557-2490

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3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
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ORGANICS TRAFFIC REPORT

① Case Number:

2737

Sample Site Name/Code:

JAGOT TIRE

F3 8405-02

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☒ Water
☐ Soil/Sediment

④ Ship To:

MEAD CORP/CAFM

ORIGINAL
(Red)

Attn:

Transfer

Ship To:

⑤ Regional Office: 3

Sampling Personnel:

A. UERGER

(Name)

(215) 687-5510

(Phone)

Sampling Date:

5/8/84

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)	2	1 gal
Water (VOA)	2	20 ml
Soil/Sediment		
Water (Ext/VOA)		
Other		

⑦ Shipping Information

FED EXP

Name of Carrier

5/8/84

Date Shipped:

170 190 602

Airbill Number:

⑧ Sample Description

☐ Surface Water ☐ Mixed Media
☐ Ground Water ☐ Solids
☐ Leachate ☒ Other (specify) BLANK

⑨ Sample Location

BLANK (A)

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Investigation
Sample Management Office
P.O. Box 818
Alexandria, Virginia 22313
Phone: (703) 557-2490/FTS-8-557-2490

General Directions

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Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
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3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
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7. Insert the remaining two copies (white and yellow) of the OTR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



ORGANICS TRAFFIC REPORT

① Case Number:

2737

Sample Site Name/Code:

JANGT TIRE

2405 02

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☐ Water
☒ Soil/Sediment

④ Ship To:

HEAD COMPTON/CHEM

ORIGINAL
(Red)

Attn:

Transfer

Ship To:

⑤ Regional Office: 3

Sampling Personnel:

A. WERBA

(Name)

(215) 687

(Phone)

Sampling Date:

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)		
Water (VOA)		
Soil/Sediment	1	8.62
Water (Ext/VOA)		
Other		

⑦ Shipping Information

FED EXP

Name of Carrier

5/2/84

Date Shipped:

170 190 602

Airbill Number:

⑧ Sample Description

☐ Surface Water ☐ Mixed Media
☐ Ground Water ☐ Solids
☐ Leachate ☒ Other (specify) BLANK

⑨ Sample Location

BLANK (SED)

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Investigation
Sample Management Office
P.O. Box 818
Alexandria, Virginia 22313
Phone: (703) 557-2490/FTS-8-557-2490

General Directions

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Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
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3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
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7. Insert the remaining two copies (white and yellow) of the OTR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.



ORGANICS TRAFFIC REPORT

① Case Number:

2737

Sample Site Name/Code:

JANET TIDE

8405-02

② SAMPLE CONCENTRATION

(Check One)

☒ Low Concentration
☐ Medium Concentration

③ SAMPLE MATRIX

(Check One)

☐ Water
☒ Soil/Sediment

④ Ship To:

HEAD COMPO / LACM

ORIGINAL
(Red)

Attn:

Transfer

Ship To:

⑤ Regional Office: 3

Sampling Personnel:

A. WERBA

(Name)

(215) 687-9510

(Phone)

Sampling Date:

5/8/84

(Begin)

(End)

⑥ For each sample collected specify number of containers used and mark volume level on each bottle.

	Number of Containers	Approximate Total Volume
Water (Extractable)		
Water (VOA)		
Soil/Sediment	1	80Z
Water (Ext/VOA)		
Other		

⑦ Shipping Information

FED EXT

Name of Carrier

5/8/84

Date Shipped:

170 190 602

Airbill Number:

⑧ Sample Description

☐ Surface Water ☐ Mixed Media
☐ Ground Water ☒ Solids
☐ Leachate ☐ Other (specify) _____

⑨ Sample Location

BACK GROUND SED

⑩ Special Handling Instructions:

(e.g., safety precautions, hazardous nature)

U.S. ENVIRONMENTAL PROTECTION AGENCY
Hazardous Waste Investigation
Sample Management Office
P.O. Box 818
Alexandria, Virginia 22313
Phone: (703) 557-2490/FTS-8-557-2490

General Directions

1. Use only the materials provided to record sample information.
2. Familiarize yourself with all types of information requested of you, and fill in this information completely for each sample taken.
3. Press firmly with ball point pen or pencil, and make sure all information is transferred to carbon pages.
4. Where Organic Traffic Reports (OTR) must be mailed, be sure that all sheets are sent to the correct addressee.
5. These instructions, as well as the address and phone number of the HWI Sample Management Office (SMO) are reproduced for your convenience on the back of each page of the OTR's.
6. Relate any problems and/or questions concerning SMO procedures or the use of OTR's to the HWI Sample Management Office at (703) 557-2490.

Sampler Directions

1. Note that a separate prenumbered Organics Traffic Report must be completed for each point sampled during a given site visit.
2. Fill in all information requested relating to an individual sampling point (Items 1 — 10). Complete Items 2 and 3, indicating sample concentration and matrix. Note: samples of different concentrations may be assigned to different Organics laboratories, so mark samples and Traffic Reports carefully. If the concentration of a sample is in doubt, contact the Regional DPO.
3. Mark volume level on all sample containers, and identify each container using the appropriate pre-printed label provided. Where necessary, protect the label from water and solvent attack with clear plastic tape.
4. For samples containing especially hazardous substances, indicate any special handling instructions in the space provided in Item 10, and attach a separate tag bearing the appropriate SMO Sample ID number in addition to the label provided.
5. Fill in shipping information requested in Item 7. Immediately upon sample shipment, be sure to notify SMO of all relevant shipping information including shipping date/time, air carrier, airbill numbers, total number of samples taken and containers shipped, and ETA at the laboratory.
6. Send the first page of each OTR (white copy) to the HWI Sample Management Office. Retain the second page (pink copy) for your files.
7. Insert the remaining two copies (white and yellow) of the OTR in a waterproof Ziploc bag and ship along with the corresponding samples to the designated IFB laboratory.

TO: File

FROM: ARTHUR L. WEBER

SUBJECT: HRS FOR JANET TIRE 8405-02

DATE: 02/03/81

COPIES: H. Byer

A rough working was performed for the above subject project. The results indicate a S_m of 0 with $S_{gw} = 0,0$ and $S_{sw} = 0.0$. A low score is attributable to _____

Based on these preliminary results, a full scale HRS computation was deemed unnecessary and was not performed.

NO HRS NECESSARY MEMO

Please follow the outline above for all HRS that were not scored high enough to warrant a typed report.

① SAMPLE RESULTS INDICATE NO CONTAMINATION OR PRESENCE OF HAZARDOUS WASTES

② LACK OF GROUND/SURFACE WATER ROUTE TARGETS

③ THERE IS NO INDICATION THAT HAZARDOUS WASTES WERE EVER DISPOSED OF AT THIS SITE

a. Groundwater is not used ~~within~~ for consumption within a three mile radius of the site

b. water supplies are stored in mountain reservoirs

FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site JANET TIRES

EPA Case Number PA 1007

I. If site is active, has owner/operator notified EPA in accordance with ~~Section 3010~~ of RCRA. Yes No

If Yes: a) Note EPA I.D. No. PA0 014 346175

b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE).

~~ACTIVE~~ INACTIVE

II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).

III. Please list site contacts and accompanying inspectors; include name, title and phone numbers. BOB JANET OWNER JANET TIRES PHONE (717) 748-6081

NO ONE ACCOMPANIED ME ON MY SITE INSPECTIONS

IV. Site observations: (attach a topo map).

A. Population within 1000 ft. of the site is (CHECK ONE)

1. 0-10 people
2. 10-100 people
- ③ greater than 100 people

B. List surrounding land use: (woodlot, agricultural, playground, industrial, etc)

North: RESIDENTIAL INDUSTRIAL

South: COMMERCIAL RESIDENTIAL

East: COMMERCIAL INDUSTRIAL

West: COMMERCIAL

C. Water supply for area. (CHECK ONE)

- ① Surface intakes (locate on attached map) APPROXIMATELY 4 MILES FROM SITE
2. Municipal wells (locate on attached map)
3. Domestic wells:

- a. Approximate number within $\frac{1}{2}$ mile. 0
b. Locate a minimum of 3 wells on attached map and list below:

Property owner _____

Address _____

Phone No. _____

Well records YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

Odor problems YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

Taste problems YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

- c. If odor or taste problems are reported please elaborate: _____

- D. Are surface or subsurface, (leachate), drainage areas from site apparent?
YES _____ NO X. If yes:

1. Were unusual odors or stains noted? YES _____ NO _____
2. Was stressed vegetation noted? YES _____ NO _____

- a. If yes please note area on map.

- E. Are streams or receiving waters adjacent to site? YES X NO _____
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). _____

ADJACENT TO BALD EAGLE CREEK.

- F. Site topography: (i.e.-plateau, strip mine ravines, etc.). SITE IS A

LOW AREA THAT HAS BEEN FILLED IN PARTS,

- G. Other observations: (i.e.-erosion, located in flood plain, etc.). _____

SITE IS IN THE FLOOD PLAIN

FIELD TRIP SUMMARY REPORT

Page 3

- V. Were photographs taken? YES _____ NO X
If yes: Who has custody of photos? _____

Name: _____

Agency: _____

Phone No.: _____

- VI. Is a hydrogeological survey for this site attached? YES _____ NO X
If no, Section III D of EPA Form T2070-2 must be completed.

- II. Please attach pertinent copies of reports or data reviewed by inspector:
(i.e.-State monitoring data, consultant reports, etc.).

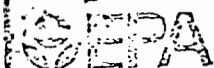
VIII. Name of Inspector: GEORGE M. POLANSKY

Agency: DEPARTMENT OF ENVIRONMENTAL RESOURCES

Phone No.: (717) 327-3429

Time on Site: 11-1-83 4-2-82

Weather Conditions: COOL AND CLEAR WARM AND CLEAR



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION III SITE NUMBER (to be assigned by EPA) PA-1007

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Trucking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME JANET TIRES		B. STREET (or other identifier) 136 HOGAN BLVD (ROUTE 150)	
C. CITY LOCK HAVEN	D. STATE PA.	E. ZIP CODE 17745	F. COUNTY NAME CLINTON
G. OWNER/OPERATOR (if known) 1. NAME BOB JANET		2. TELEPHONE NUMBER (717) 748 6081	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

SITE IS A LOW AREA THAT HAS BEEN SELECTIVELY FILLED.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CITIZEN'S COMPLAINTS	K. DATE IDENTIFIED (mo., day, & yr.) 9 83
L. PRINCIPAL STATE CONTACT 1. NAME FRANCIS J. BERTOVICH	
2. TELEPHONE NUMBER (717) 327-3569	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: STATE AND EPA <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME GEORGE M. POLANSKY	2. TELEPHONE NUMBER 717 327 3429	3. DATE (mo., day, & yr.) 4-26-84
--	-------------------------------------	--------------------------------------

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) 4 ACRES	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg., min., sec.) 41° 07' 09" 2. LONGITUDE (deg., min., sec.) 77° 28' 24"
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): PPIL TRANSFORMERS JANET TIRES STORE AND MILL HALL PUMP STATION	

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

SITE WAS USED AS DUMP BY JANET TIRTS IN EARLY 1970'S. AREA WAS ALSO FILLED TO PUT IN PPL TRANSFORMERS, MILL HALL SEWAGE AUTHORITY LAID A SEWAGE LINE DOWN THE MIDDLE OF THE SITE.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NO RECORDS HAVE BEEN FOUND TO DATE

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCD		
			(10) METALS		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

UNKNOWN

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

SITE IS A CLOSED DUMP USED BY JACKET TIRES

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			POTENTIAL AS WASTE IS UNKNOWN
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN	X			POTENTIAL DUE TO NATURE OF SITE
7. CONTAMINATION OF GROUND WATER	X			POTENTIAL DUE TO NATURE OF SITE
8. CONTAMINATION OF SURFACE WATER	X			POTENTIAL DUE TO NATURE OF SITE
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			POTENTIAL DUE TO NATURE OF SITE
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

NONE

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete Items 1, 2, 3, & 4 below)

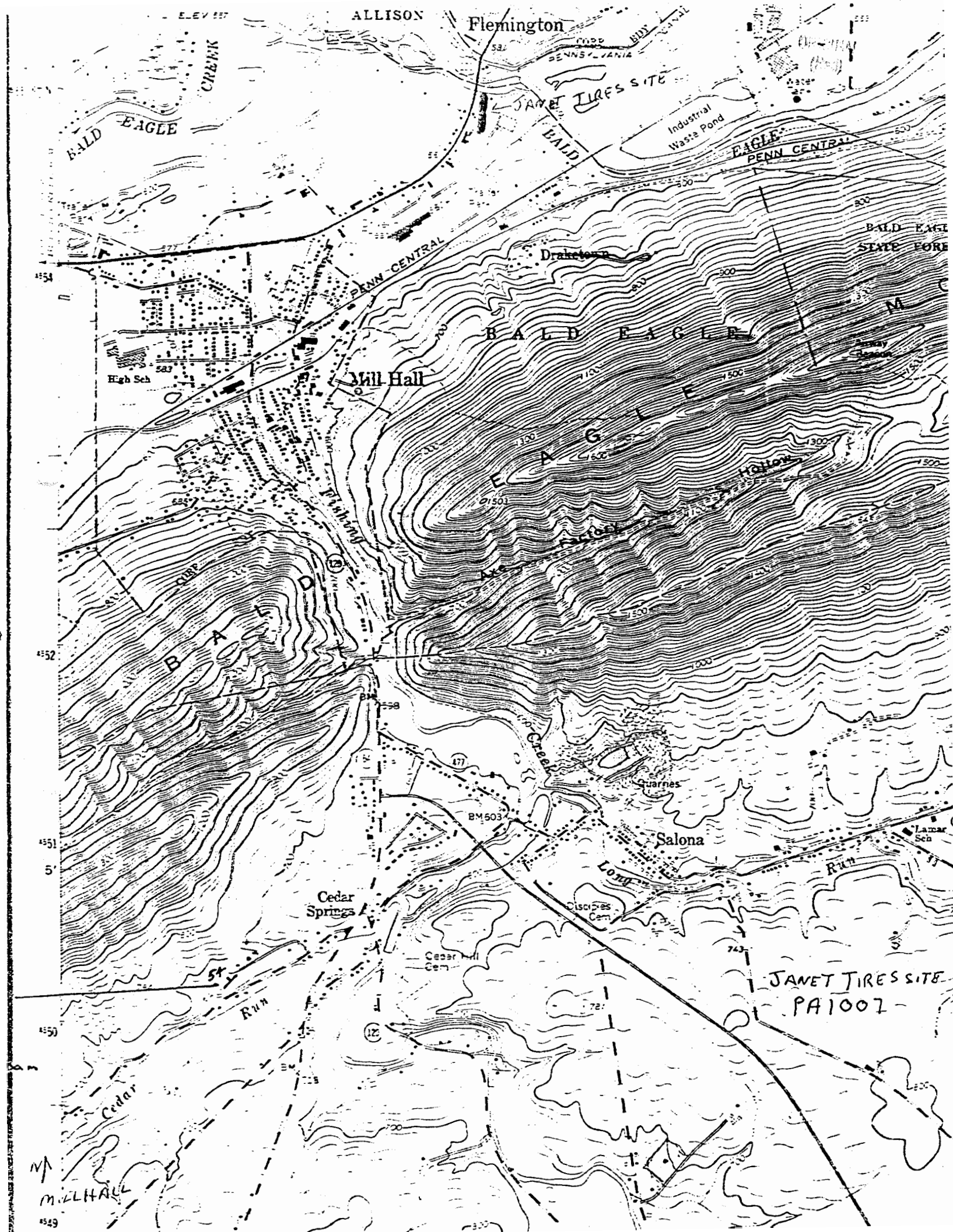
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
INSPECTION	11-1-83	STATE	NO ADVERSE CONDITIONS COOL AND CLEAR SEEN
INSPECTION	1-19-84	STATE	NO ADVERSE CONDITIONS COOL AND CLEAR SEEN
INSPECTION	4-2-84	STATE	NO ADVERSE CONDITIONS WARM AND CLEAR CONDITIONS SEEN

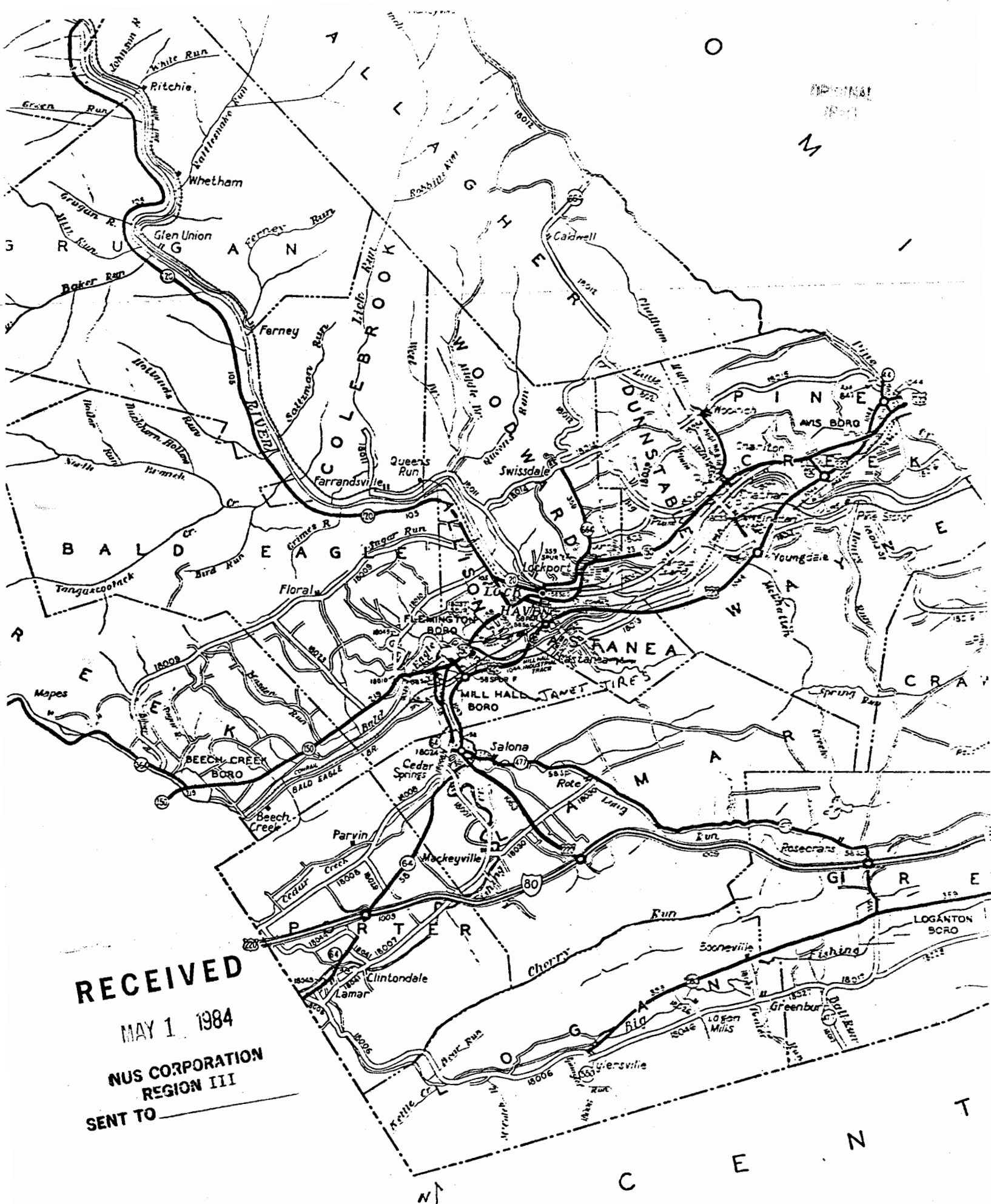
X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete Items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X; fill out the Preliminary Assessment (Section II) information on the first page of this form.





RECEIVED

MAY 1 1984

NUS CORPORATION
REGION III

SENT TO

JANET TIRES
PA 1007

CLINTON COUNTY

TRAFFIC AND

WOODLAND

ROUTE 220

BALD EAGLE CREEK

AMES

CAMELOT
ESTATES

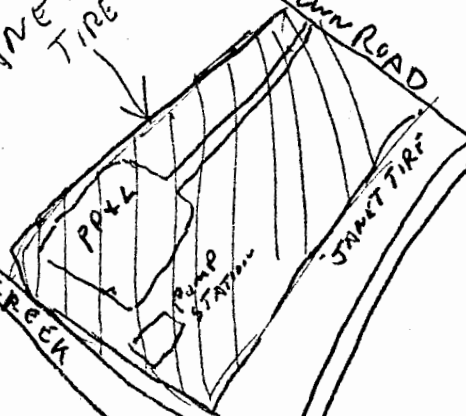
DRAKESTOWN ROAD

JANET
TIRE

ROUTE 150

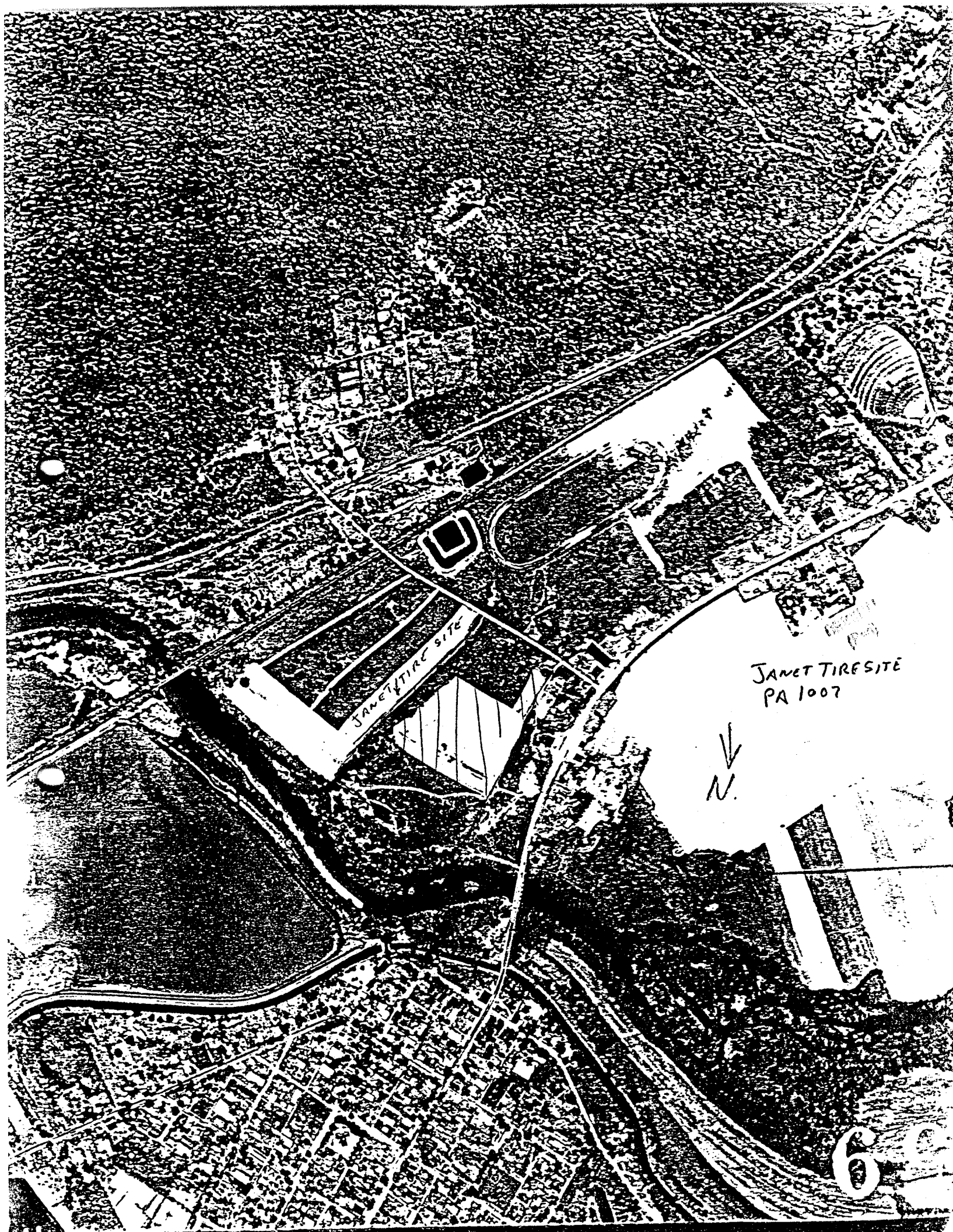
COMMERCIAL
PROPERTY

BALD EAGLE CREEK



↑
AREA OF
HAMMERMILL

JANET TIRE SITE N
PD 1007



JANET TIRE SITE

JANET TIRE SITE
PA 1007

↓
N.

62